

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719277

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1					
2						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY